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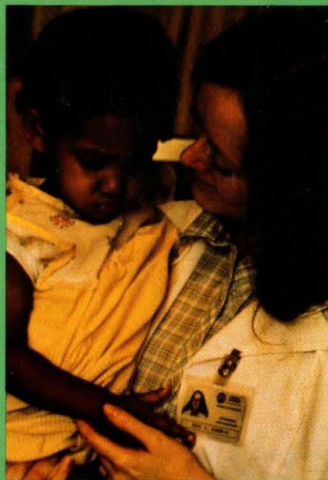
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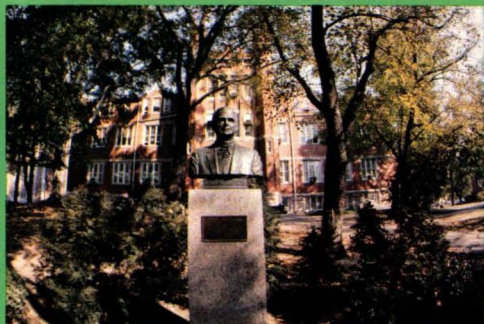
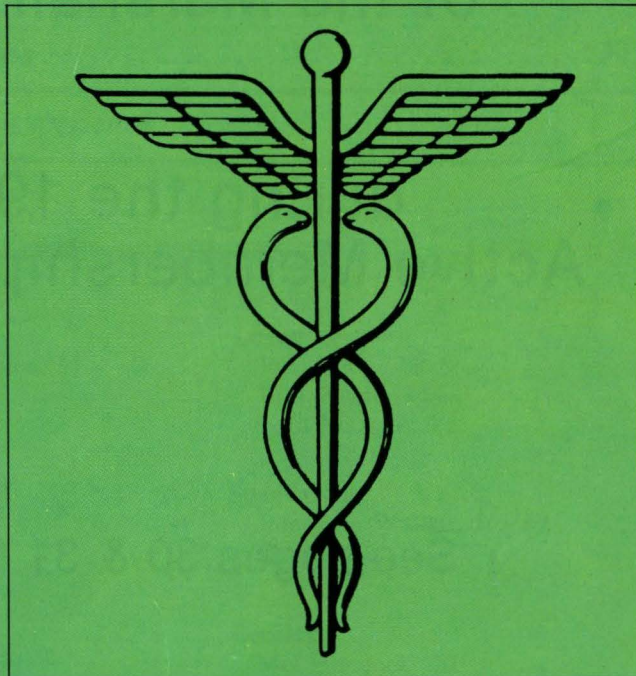
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MARSHALL *Alumnus*



FALL 1982

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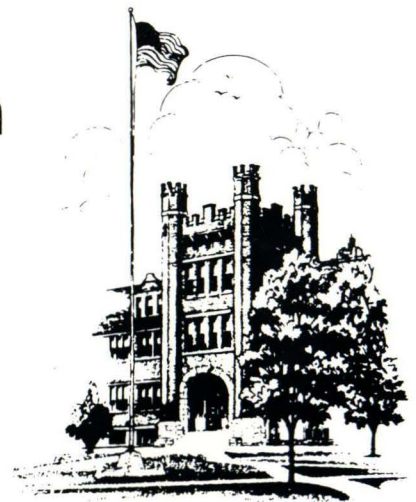
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Footprints:

Marshall med school is leaving its mark on health care, economy

By **BEVERLY W. McCOY**

Short of getting a friendly fairy to wave her wand and erase all traces of the Marshall University School of Medicine for an hour, you really can't know exactly what kind of economy and health care the region would have without the school.

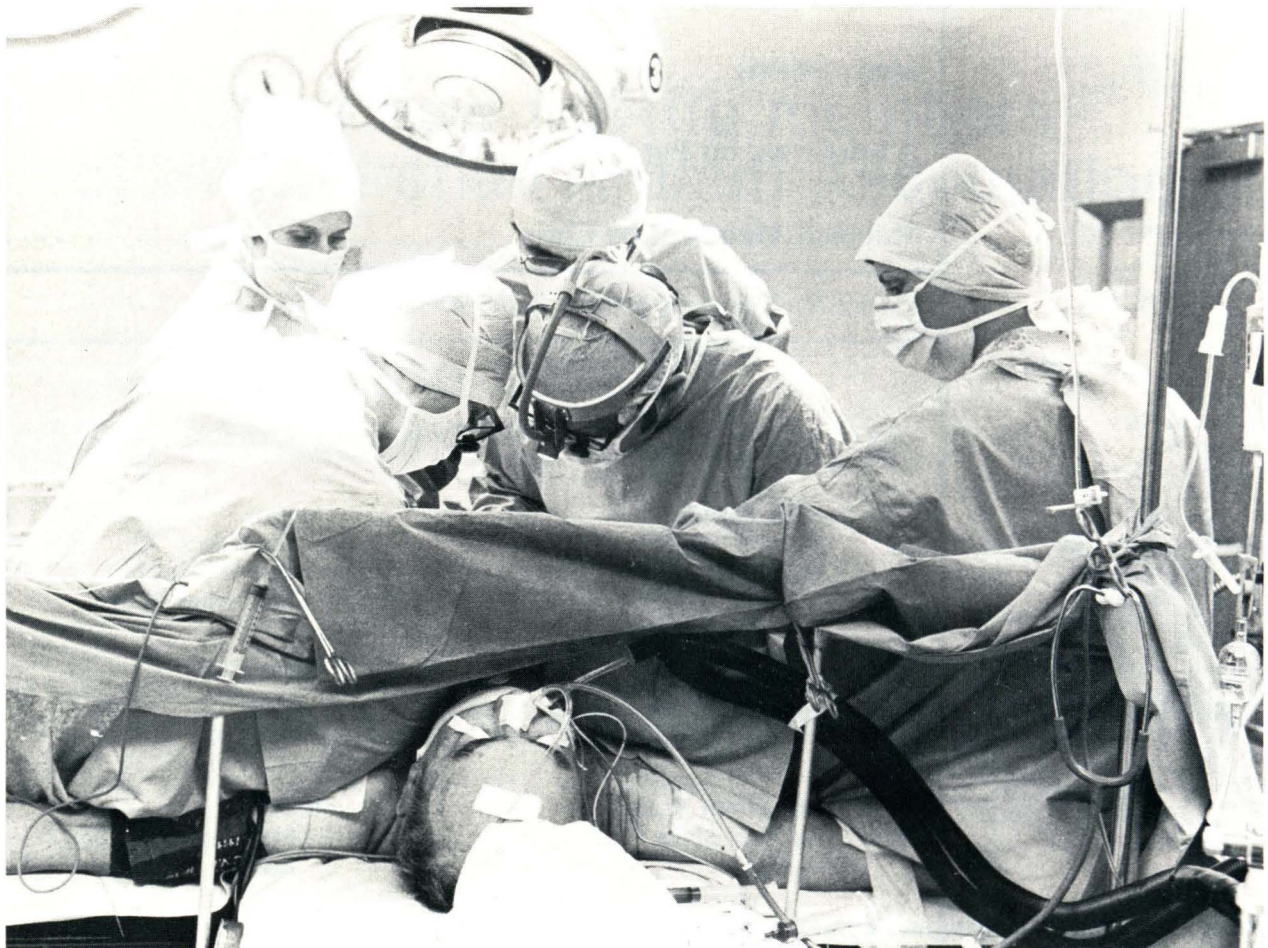
But it's not hard to find things it wouldn't have -- dozens of top-notch physicians recruited by the

school; an active, modernized Veterans Administration Medical Center; an extra \$75 million or so flowing through the economy in fiscal year 1980-81.

Seventy-five million dollars? From a school which actually spent just over one-tenth of that, \$7.78 million?

The ballooning effect comes from several sources, say two economists who are preparing an economic and

health impact report for the school. The school, its employees and its students spent money locally, and a percentage of that money is recycled within the local economy. The three hospitals and the outpatient clinic affiliated with the school had School of Medicine-related spending and income. And to keep up with the demand, local suppliers had to make more purchases and hire more employees.



Doctors recruited by the MU School of Medicine have performed hundreds of cardiac surgical procedures at St. Mary's Hospital in Huntington since 1979. (Photo courtesy of the Huntington Publishing Co.)

Drs. Joseph S. LaCascia and Wendell E. Sweetser, who are preparing the report, say that \$75 million figure is actually conservative.

Improved health care, however, can't be measured in dollars and cents. The school has 81 full-time faculty members, three part-time faculty members and a volunteer (unpaid) faculty of 239 physicians from the region's medical community.

Through teaching affiliations with hospitals throughout Southern West Virginia, outreach medical care programs in 17 counties and numerous continuing education opportunities, the School of Medicine already has left its footprints in Southern West Virginia. Although it's too early to know whether Marshall is achieving its goal of drawing primary-care physicians to underserved rural areas of the state, there is a spirit of optimism within and without the school.

"It's premature to say it's working entirely, because it hasn't gone far enough along, but I think there's no question that the experiment is past that stage now and is in the area of really good service," Gov. John D. Rockefeller said Sept. 10.

Speaking after a ceremony dedicating the school's new medical education building and a new Veterans Administration Medical Center patient wing, he added, "This is a significant undertaking, terrific obviously for veterans or students at the Medical School, but also very good in terms of the general future outlook for the area.

"Another thing is that it supplies an awful lot of jobs, and these days, that's something to be grateful for.

"I'm very proud of what's going on here," Gov. Rockefeller concluded.

For the VA Medical Center, the school's presence has meant a complete turnaround.

"As recently as 1974, the VA Medical Center was a domiciliary facility," said director A. Paul Kidd. Nationally, the VA was retrenching, trying to eliminate small, inefficient hospitals. The Huntington location was one being considered for a "change in mission."

Then came the decision to create a Marshall School of Medicine linked with the VA, and the changes began.



Dr. Patrick Bonasso and Evelyn Rector, a third-year student, examine patient at Wayne County Health Department's pre-natal clinic.

"The biggest impact is that we are able to attract and recruit fine physicians in subspecialties which we would never have been able to recruit on our own," Kidd said.

Now the hospital's physicians, many of them on joint appointments with the school, offer expertise in such areas as cardiology, gastroenterology, hematology and oncology. Previously, patients needing treatment in these specialties would have been sent to other VA facilities. In fiscal 1981, fewer than 100 of the 3,085 patients treated had to be transferred.

"We also had to beef up our physical facilities," Kidd said. "We had the software -- the people -- and we had to get the hardware to go along with it." So the VA promised the center \$20 million to update its facilities to meet the requirements of a medical school relationship. The new construction and equipment "brought us into the 20th Century," Kidd said.

The 10-bed wards are gone -- now most rooms are semi-private, and the largest wards hold four beds.

Outpatient visits are up -- from 28,000 to 45,000 a year in the last four years.

Medical staff is up -- in addition to other staff increases, the center has gained 19 residents, and has 72 third- and fourth-year students working on a rotating basis.

National VA official Dr. Earl Brown said the affiliation had a "truly remarkable effect."

"The vitality of this new affiliation is one of the strongest guarantees that we could have that this institution will continue to present the latest and best in medicine to our patients," he said at the Sept. 10 dedication ceremony, which also honored the center's 50 years of service to the region.

"Similarly, the fact that research will continue here in several exciting forms will assure that this facility's patients will be afforded the very latest technologies available in the world of medicine," he added.

"It also will provide the continuing stimulation that we have found imperative in maintaining a sharp edge of enthusiasm among the professional staff."

Although school officials believe it may be premature to say the School of Medicine is achieving its goals, the outlook from the VA is

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rosier.

"When the then-administrator (of the VA) Max Cleland attended the dedication of the Marshall School of Medicine in early 1978, he described the school and its VA partnership as a pioneer effort to see if quality medical care can be delivered to the nation's traditionally medically underserved areas, to see if physicians can be attracted to and retained in these areas, and to see if the quality of care within the entire VA system can be thusly upgraded," said Dr. Brown, associate deputy chief medical director in the VA's Washington office.

"We're seeing here, as we attend this anniversary/dedication ceremony, an answer to these questions -- and that answer is a resounding 'yes'."

The School of Medicine's impact on Huntington's two major hospitals cannot be so easily assessed. Obviously, good hospitals work continuously to provide the newest, the best, the most accurate.

But neither should the school's impact be underestimated. The School of Medicine certainly brought a significant number of new medical specialties to the area. The region had 18 specialties represented in 1974 and 28 represented in 1981, more than a 50 percent increase. The added specialties include car-

Speaking after a ceremony dedicating the med school's new Medical Education Building (above) and a new VA Medical Center wing on Sept. 10, Gov. John D. Rockefeller IV said the MU School of Medicine is "in the area of really good service."

diology, endocrinology, hematology and rheumatology, and these physicians need specialized equipment for their work.

"It's hard to say that a new CAT scanner (which shows a cross-sectional computerized X-ray picture) is available in Huntington because of the Medical School," said Dean Robert W. Coon. "It isn't. But it is. The school had an influence in showing that the equipment was needed."

New services offered by one or both hospitals since 1976 include mammography, a burn unit, a pediatric intensive care unit and a neonatal intensive care unit. Patients who a few years ago would have gone to Cincinnati, Columbus or Cleveland for treatment can now obtain comparable care locally.

The first open heart surgery in Huntington was performed in 1979



at St. Mary's Hospital by two surgeons recruited to the area as Marshall University School of Medicine faculty members.

Robert V. Griffis, assistant superintendent over curriculum for Cabell County Schools, was glad he could get his 1981 quadruple coronary bypass so close to home.

"It made a tremendous difference in that my family and friends could be with me without undue disruption."

tion of their schedules," he said. "My wife and daughters in particular could stay at home," avoiding travel and lodging costs.

"I was totally pleased with the manner in which the diagnosis was made and in the preparation for surgery," he said. "And obviously, with a complete recovery, I was pleased with the way the surgery was performed."

Griffis believes that having the surgery done here had another advantage. "In talking with friends who had bypasses done in some of the larger hospitals, I think there was an element of communication with me as a person here that may have been missing in some of the other hospitals," he said.

"Some of my friends had the feeling that they were on an assembly line. Here I was dealing with the team of specialists. . . I felt they really cared for me as a person. Psychologically, I think that's an advantage to a patient."

The private, non-profit outpatient clinic affiliated with the school, which had 48,708 patient visits in the last fiscal year, offers "the only comprehensive, one-stop medical group in town," Dean Coon said.

"The clinic's biggest advantage is that it is absolutely accessible," he said. "It accepts everyone who walks in." Although these patients often have little income and no other access to health care, Coon said the vast majority of those drawn to the clinic are private, paying patients.

Residents of outlying areas also reap the benefits of the School of Medicine. Faculty and students participate in outreach medical care programs in 17 counties, including Lincoln, Mingo, McDowell, Jackson, and Raleigh.

Anna A. "Deanie" Samosky, supervising nurse for the Wayne County Health Department, said the school's cooperation has provided a prenatal clinic in her county. One or two doctors go to Wayne weekly, sometimes taking students as well. "That's what makes it so fun," Ms. Samosky said. "It's been a learning experience for them and for the nurses, too. We love the program."

She also thinks the program might not exist at all without the School of Medicine. "I'm afraid we wouldn't be able to interest a private

physician in coming all the way out here to Wayne once a week."

The Obstetrics/Gynecology faculty also conducts the county's family planning clinic twice a month.

From Sept. 1, 1981, when the prenatal clinic began, to July 30 this year, Ms. Samosky said patient visits to the two clinics totaled 1,939. "You can see they're busy on Tuesday mornings," she said.

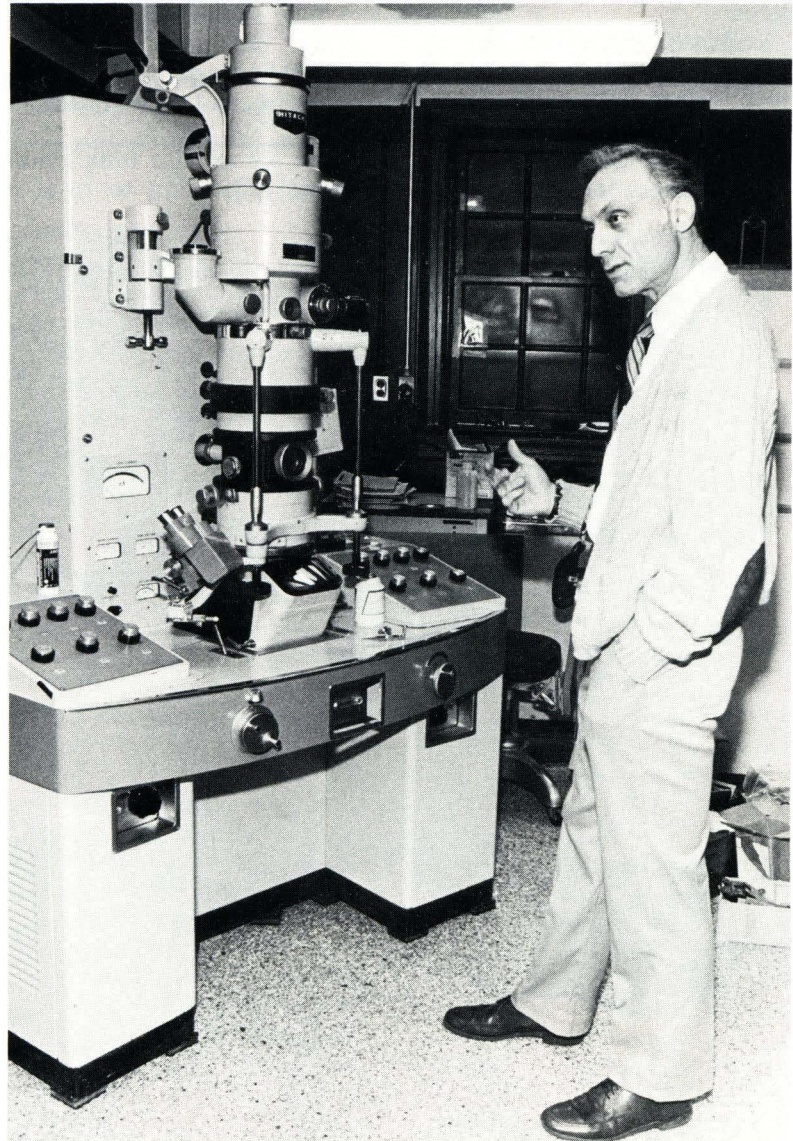
The school requires senior medical students to work eight weeks outside Huntington in West Virginia and to work another six weeks on community health projects in rural West Virginia. The combined total exceeds 500 work weeks a year -- and will increase in 1985 when the number of seniors will in-

crease from 36 to 48.

The school also has 64 residents, and they, too, go out into different communities.

"It's a very accepted fact that any time you have medical students and residents associated with a practice, the quality of care improves," said Dr. David K. Heydinger, chairman of the Department of Family and Community Health. "There's no better way to further your own education than by taking on a student. We're using more and more physicians in more and more communities to teach our students. When you think that shortly we will have 100 clinical students and 100 residents in the educational process,

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Dr. Ned S. Moss, associate professor of pathology, explains operation of the electron microscope.



rosier.

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it's bound to have just a tremendous impact."

Like most schools, Marshall has some graduates who choose residency programs out of state, and the school picks up residents from other schools (Johns Hopkins and the University of Iowa, to name two).

"I think it would be a rather stagnant situation if we had all of our residents from this school," said Dr. Jack H. Baur, associate dean.

"Most residency programs are like that," he added. "You always have a few more of your own, but with a significant number of outsiders, too. There's always a little difference in treatment programs -- everything's not cut and dried -- and this is brought out in the rounds with students, residents, and doctors. It creates a healthier interplay in discussion."

Area physicians' openness to new ideas also shows up in the area of continuing medical education. St. Mary's Hospital monitors approximately 15 regularly-scheduled continuing medical education programs

such as grand rounds, in which physicians can share information on unusual cases, research or medical meetings.

Through the Marshall School of Medicine, another 20 or so special education events from half a day to a week long have been offered by community physicians since January 1980.

"By having a full-time faculty available, a residency program and a professional educator, we can provide programming that the full-time practicing physician would like to see done but doesn't have the time," said Charles W. Jones, the school's director of continuing medical education. "Also, the whole community benefits from the exposure to some of the significant research being done at the school."

"One of the real advantages here is the fact that the community already had a deep-seated interest in education, and we were able to build on this," he added.

The school also took continuing medical education to rural clinics

under a state grant to help those physicians deal with the behavioral aspect of health care.

Teams of doctors and social workers traveled to clinics in Raleigh, Kanawha, Lincoln, and Wayne counties to discuss problems such as stress and depression in patients. Community mental health organizations participated in the programs, and, in some cases, began sending a counselor to the clinics on a weekly basis, said project coordinator Elizabeth Devereaux, assistant professor of psychiatry.

Area medical personnel also have access to a much broader spectrum of medical literature since the School of Medicine made its debut. The University had about 5,000 health-related books which went into the Health Science Libraries (HSL). Now HSL, which gives physicians faculty privileges, contains approximately 15,500 books and receives 760 journals.

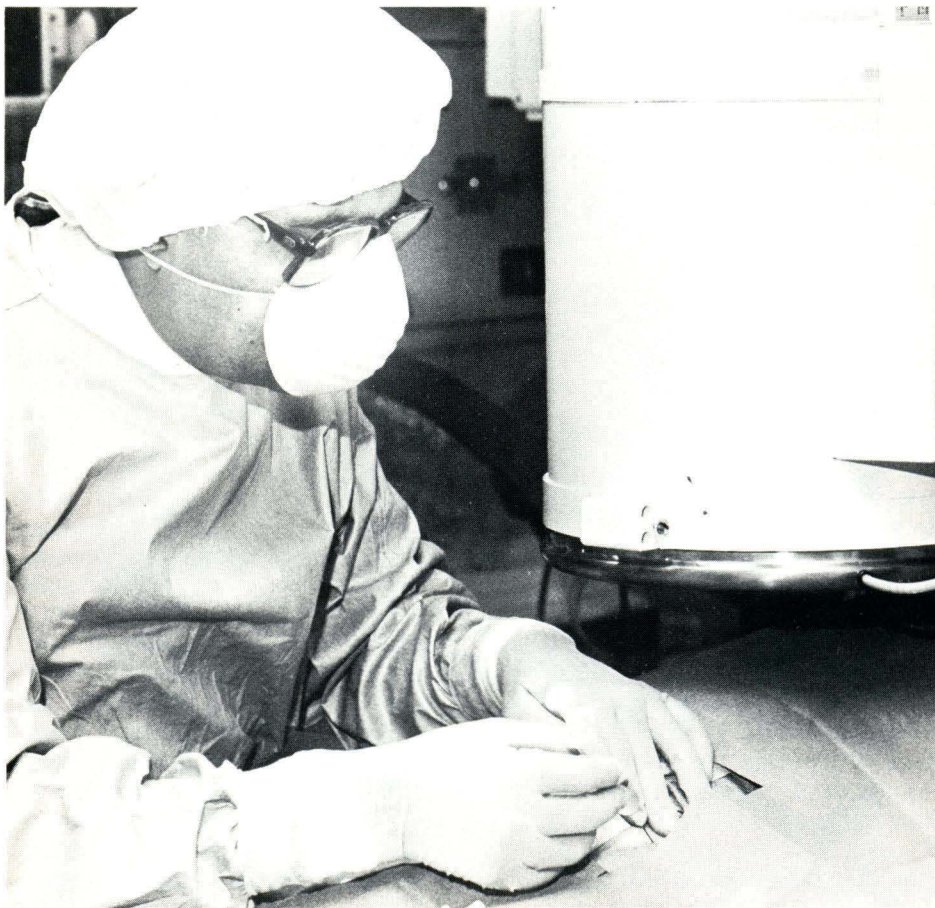
Since hospital libraries in the area did not meet accreditation requirements for residents, HSL Librarian Ann Howard created a consortium of the school and hospital libraries. This consortium obtained a grant and helped upgrade the libraries.

The consortium also is connected by two computer terminals to the National Library of Medicine in Bethesda, Md. Through these MEDLINE terminals, located in the HSL and the VA Medical Center Library, physicians and medical students, as well as interested citizens, can get instant, comprehensive medicine-related bibliographies free of charge.

Faculty research also enriches the local community, both materially and educationally. The school's faculty members have been awarded more than \$3.5 million in research funds, according to Dr. Stephen Tzankoff, research administration director. He said it speaks well for the school's faculty that approximately 50 percent of its members' grant proposals are approved.

"We usually play the financial side down -- it's too businesslike," he said. "But face it -- for every dollar from out of state you have employment, transfer of funds, maintenance funds."

More important, Tzankoff believes, is the fact that researchers are keeping abreast of scientific



Dr. P.S.S. Khatter, clinical assistant professor of radiology, prepares a patient for an arteriogram in the VA's special procedures lab. The image intensifier over the patient shows the flow of injected dye in the body.

research and passing this on to their students.

The research also has implications for Marshall University as a whole, he added. "By being involved in research, individual researchers can be teaching graduate students in their areas. It obviously opens new doors within Marshall University itself for graduate work in biomedical science."

Dr. Olen E. Jones Jr., Marshall University provost, said the university benefits in other ways, also.

"It enhances the total University -- certainly the image of the institution," he said. "It assists us in recruiting faculty, recruiting outside students. . .and it further encourages an atmosphere for research."

"It's been a catalyst for so many things for the institution," he added, citing increased library resources, improved health care for students and "cross-fertilization" of the schools' faculties.

"I see the Medical School as a plus all the way."



Charles Garretson operates SMA 12/60 in VA Lab Services. The equipment provides a patient's blood chemistry profile by performing 12 blood tests.

Photos by Rick Hays



Curtis Nichols aligns patient beneath scintillation camera in the VA's Nuclear Medicine Lab. The camera maps the path of a radioactive material administered into almost any part of the body. By comparing this picture with a known norm, physicians can detect abnormalities.



Dr. Robert W. Coon

Medical school dean saw the dream become reality

By DAVE PEYTON

Better medical care for West Virginians, and all for the annual cost of a half-mile of interstate highway. That's how Dr. Robert W. Coon, dean of the Marshall University School of Medicine, described the impact of the medical school on West Virginia.

When Dr. Coon accepted the position as permanent dean of the medical school in July, 1976, he did it because he liked the direction in which the school was heading.

There were no plans for a huge, expensive teaching hospital built around the school's educational structure. He liked the idea and he

still does. The Marshall medical school uses the existing hospitals in the community and, perhaps more importantly, the talents of the physicians in the region to teach the students about the real world of medicine.

Robert Coon's real world isn't all medical. When Dr. Coon isn't dealing with medical school matters, he's wrestling with horticultural matters at his home in the southeast hills of Huntington.

And while he can deal with the problems of nursing a medical school, he's upset by the fact he can't get his intensive gardening

plots to produce intensive vegetable crops. He's proud of the fact he and his wife raise African violets and gloxinias from seeds and that his homemade greenhouse works perfectly.

The medical school has gone through seasons, just as his flowers and vegetables go through seasonal changes.

"The history of all medical schools is about the same," Dr. Coon said. "When talk begins of a new medical school, everyone is behind it. Then about the time it opens, the physicians in the region start to get a little frightened. They

worry about the competition it will create. The low point in a medical school's history is generally about the time it opens. Then, as the program goes on, the physicians find out that there's really not that much competition. And the program gains recognition in the region from the public."

In the six years Dr. Coon has been dean of the school, its impact on Southern West Virginia has been profound. For the jobs the school has brought in alone, the track record is astounding.

"Let's face it," Dr. Coon said. "In these hard economic times the medical school is about the only growth industry in Huntington. But that's not the only advantage. Although it's still young, the medical school has changed the total complexion of medical care in this end of the state."

He points to the number of specialists who have been brought to Huntington by the medical school -- men and women who not only teach their specialties but practice them.

Dr. Coon points proudly to the fact that, before the medical school, there were no pediatric specialists in the Tri-State region. In fact, the number of pediatricians was frighteningly low, as was the total number of physicians in Huntington.

Today, thanks to the medical school, there are pediatric specialists who deal with blood disorders, cancer and kidney diseases in children. And he believes the fact the medical school located in Huntington had a lot to do with a newborn intensive care facility at Cabell Huntington Hospital and its associated staff of highly-trained health professionals who deal with nothing but problems of newborns.

The cynics -- and there are some -- say that this flies in the face of the stated purpose of the Marshall Medical School. After all, the school was founded on the need for primary care physicians -- general practitioners, if you will -- in the rural areas of West Virginia.

Dr. Coon admits "it may appear a little schizophrenic" on first glance. But he points to the fact that good specialists are vital to the well-being of rural practitioners. The general practitioners now practicing in the rural areas have specialists to turn to quickly when the need is there.

'Although it's still young, the medical school has changed the total complexion of medical care in this end of the state.'

He dismisses the claim, for example, that because there are so many pediatric specialists on the full-time teaching staff at the medical school, a disproportionate number of graduating students will take up similar specialties in big cities far away for Appalachia.

"We're not only filling a regional need with these specialists, we are keeping an air of excitement in the medical school. Specialists tend to do that. So the benefits to the community are here and now. And we remain convinced that about half of our graduating students will eventually return to this service area to practice," he said.

And one of the reasons they may return is because they know the specialists they need are only a few miles away.

Rural practitioners in West Virginia also take comfort in the fact that the school supplies other kinds of support for rural physicians. Dr. Coon noted that each fourth-year medical student spends time in the rural areas and small towns of West Virginia involved in research. For example, fourth-year students have already studied such nagging problems as teenage pregnancy, alcoholism and lead poisoning in West Virginia. Quite often, these research projects are done in cooperation with rural or small town physicians.

Another program puts medical students into the field for eight weeks to work directly with physicians. In this program, Dr. Coon said, the students get a good feel for what it's like to work in rural areas and the physicians get much needed help from young, energetic workers.

The medical school offers many continuing education programs for physicians. Recently, for example,

the school sponsored a day-long seminar on common psychological problems that general practitioners may see in their patients. The program featured leading specialists as speakers but the seminar was aimed at the primary care physicians of the region.

Regional doctors are offered considerable printed information, Dr. Coon said, including a newsletter called *Drug Alert*, written by Dr. Donald Robinson of the school's pharmacology department. It gives the latest information on drugs and is aimed at the primary care physicians.

"We're always available for consultations with these people working in rural areas," Dr. Coon said. "Our medical library is available to them and we offer them the services of Med-Line, a computer which is linked to the latest data bank of medical knowledge."

The school involves regional physicians in as many research projects as possible.

"We hope that these programs are breaking down the feeling of isolation many rural physicians feel," he said, pointing out that if the school is successful in doing this, there'll be less hesitation on the part of young physicians to practice in the less-populated areas of the state.

Research is an important part of the medical school experience, Dr. Coon said. It is one of the items which keeps "the Marshall School of Medicine from becoming a trade school for general practitioners."

Why research in a school that emphasizes primary care?

We have research and good research," Dr. Coon said. "It all comes back to the climate of inquiry that such research generates in an

(continued on next page)

institution. The half-life of medical knowledge these days is about four years. That means that half of what a medical student learns will be obsolete by the time he graduates. The climate that research fosters instills an inner desire to keep current."

Southern West Virginia may be one of the best places in the U.S. to do research, Dr. Coon noted. "Southern West Virginia has a relatively stable population. And it's virtually untapped as far as original research projects. I believe some of the research-oriented staff members moved to this medical school for those factors alone."

The dean noted, however, that he never expects the Marshall School of Medicine to have as much research as many schools. "Columbia, for example, expends about 80 percent of its energies on research. I think it's proper for Marshall to expend about one-third of its energies on research."

Those involved in research are often both outstanding in their field and an asset to the community where the medical school is located. Such is the case with Dr. Robinson, professor and chairman of pharmacology at the Marshall School of Medicine. His research into the use of anti-depressants to relieve various psychological disorders brought about the mood disorders clinic at Marshall.

"Dr. Robinson is one of the half dozen recognized authorities on anti-depressants in the world," Dr. Coon said. And his "mood disorders clinic," which he operates in conjunction with his research, has helped scores of area residents with all sorts of severe psychological problems ranging from depression to phobias.

With all its advantages to the state, it would seem the medical school would be without critics. That's not the case. In fact, there are those who would still like to see the medical school disappear. Dr. Coon said that doesn't surprise him, but he has answers to all their criticisms.

As for the cost of the school to the state -- estimated to be about \$6 million for next fiscal year, Dr. Coon said, "That's about how much it would cost for a half-mile of interstate highway. But the cost really doesn't matter. The fact is we can afford what we want to afford. And if it's providing a valuable ser-

'...the cost really doesn't matter. The fact is we can afford what we want to afford.'

vice the cost is more or less irrelevant."

Those same critics point to a few recent studies which seem to indicate America is entering an era when there will be a surplus of physicians.

"Maybe there'll be a surplus nationwide, but I never see a surplus in the rural areas or the inner cities of America, where they may be needed the most. But what if a surplus did develop in these areas? Maybe a little surplus would be good," he said.

The problem, Dr. Coon said, is that more traditional, long-standing medical schools have overexpanded. "The net result is that there are often too many students per medical school. I think our sister institution (The West Virginia University School of Medicine) suffers from that."

Dr. Coon said he believes there'll be much discussion of the status of medical schools in the state during the upcoming session of the West Virginia Legislature. But in the end, he said, he can't see the status of the MU School of Medicine changing radically.

"I can't really see anyone closing this medical school. It is already too important to the economy of this

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region as well as to the people served by the Veterans Administration, and, by extension, that means it's important to this country as well. We need to keep our goal in mind and we need to continue to accomplish what we say we're going to accomplish. At the same time, we can't become too complacent. We need to put our story before the people of the state and the facts will prove that we're an invaluable asset. We already have many good friends and we expect to gain many many more as the result of our performance."

What does Dr. Coon see ahead for the Marshall School of Medicine? His plans for the school call for more involvement than ever in the welfare of the state and its levels of medical service.

"I think our current level of 48 students per class is about right, so I don't see that changing in the near future. I think we'll be increasing our number of residents. We currently have 68 and I think 100 to 120 is about optimal. That will add tremendously to the medical care in the community. I think our clinical faculty will be increasing which will also mean better patient care in this region. And I want to see an enhancement of our relationship with all the hospitals and doctors in the state and with the county health departments."

He hopes the school will get a little more flexibility in handling its own fiscal affairs. He notes that under current law, "even if we order a box of pencils, it has to be requisitioned through the state. And studies indicate that to process a single requisition costs the state \$80. So, a \$2.50 box of pencils winds up costing the state \$82.50. It's not that I don't want a system of checks on us. Let them monitor us all they want. Just give us the money and let us purchase directly."

The Marshall University School of Medicine is still a relative infant, Dr. Coon said. But it's an exciting time to be involved with it. The job of tailoring it to meet the needs it is supposed to meet is not an easy task, but, he said, it's fulfilling and worthwhile.

The proof, he said, is in the graduates who walk through its doors and the levels of support it receives from the people it serves in a broad area of the Tri-State region.

You are the Key

in 1982-83. . .

Nearly a half-million dollars has been allocated by the Marshall University Foundation to provide a "margin of excellence" in a variety of programs for 1982-83.

Because of contributions from alumni, friends and businesses, support of private foundations, and income from investments, the Foundation was able to allocate \$493,776 for the 1982-83 term.

Dr. Bernard Queen, Foundation executive director, said the contributions and investments are the keys to providing quality programs for the University, its students and faculty, the community, and the region.

"Each contribution can unlock a door to enrichment programs in areas which receive little or no state funds," Queen said. "In effect, YOU and all alumni and friends are the KEY for '82-'83 -- and far beyond," he continued.

Monetary support during the past year has allowed the following allocations for the current school year:

--\$80,000 for academic scholarships;

--\$52,952 for 20 special projects including tutorial services for learning disabled students, individualized computer-aided instruction, matching funds for a federal student loan program, and a minority freshman leadership workshop;

--\$49,924 for an array of continuing support programs under the "Greatest Needs" category, including a summer music camp, national forensics competition, the Oral History of Appalachia project, and the National Merit Scholars

Honors Day;

--\$60,900 for faculty development programs, permitting faculty members to attend professional conferences and to undertake projects to improve their skills;

--\$250,000 for distinguished lectureships and distinguished chairs, the Honors Council, support of the library, and research projects.

Progress is evident throughout the Marshall campus. Construction on a \$6.8 million addition to the Science Hall is expected to be completed late in 1983. The School of Medicine recently moved into its \$9.3 million teaching facility at the Huntington VA Medical Center. Marshall continues to acquire land to the north and south of campus to meet parking and future growth needs.

The next major thrust is to develop and build a fine arts complex which will include a much-needed theatre facility. Initial steps are under way.

Following completion of the fine arts complex, Old Main will be renovated, restoring the Towers section and the oldest section (1870) of the building.

"All of these things -- and more -- have been made possible at least in part through the generous support given the Marshall Foundation," Queen said. "Private funds often mean the difference in launching a project to the point where it receives formal approval. The Foundation gives Marshall that essential flexibility," he continued.

Provide a key to unlock a door to Marshall's future, by contributing to the Foundation. Gifts to the

Foundation fall into three general categories:

University's Greatest Needs, where donors request the University and the Foundation to decide the most effective use of the gifts.

Designated Gifts, allowing donors to earmark their gifts for use by a particular college, school or department, student scholarship support, or for establishing special programs.

Endowments -- gifts of \$5,000 or more may be perpetuated through the establishment of an endowment whereby the amount contributed is invested by the Foundation and only the income (interest or dividends) is utilized.

The Foundation is a charitable, non-profit, educational corporation and all contributions made to the Annual Giving Program are tax-deductible under state and federal tax regulations.

Annual Giving memberships include categories for any budget:

The Beech Tree, \$10 to \$99;

The Tower Club, \$100 to \$999;

The Chief Justice Club, \$1,000 to \$9,999,

The John Marshall Club, \$10,000 and up

The John Marshall Club is composed of those who made a \$10,000 contribution during the past fiscal year. **The John Marshall Society** includes all individual contributors of \$10,000 in a single year or those pledging \$1,500 over a 10-year period, or making a deferred gift of \$50,000 or more in a will or bequest.

Make a commitment to Marshall's future. YOU are the KEY in 1982-83 -- and beyond.

During the past year, the Foundation received gifts
from a number of alumni, friends, industries
and businesses who deserve to be recognized
for their support of Marshall University.

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WSAZ Television 3

Tower Club (\$100 - \$999)

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Med students:

from Morgantown to Williamson,
they come to Marshall
to fulfill their dreams

By BEVERLY W. McCOY

Draw the "average" Marshall medical student and you'll get a Southern West Virginia resident, 23 to 25 years old, who earned a biology or zoology degree from Marshall University and graduated with a grade-point average of 3.38 to 3.6.

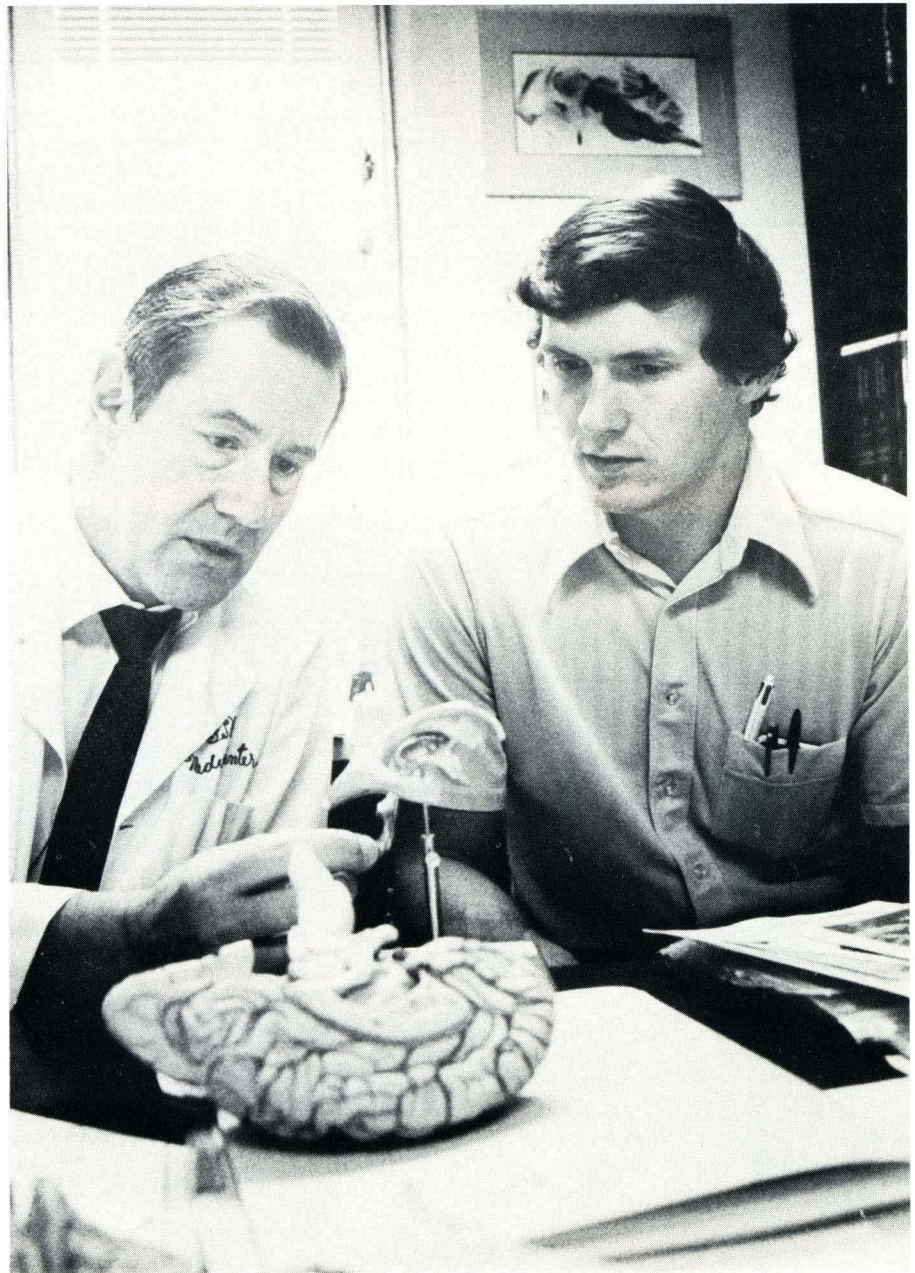
But a look behind the statistics produces a few unexpected twists -- the successful electrical engineer who gave in to his lifelong dream of becoming a doctor, the divorced woman who put herself through undergraduate school by working nights as a cocktail waitress while rearing two children, the young woman who spent a year working at a home for abused women.

Why would a successful 27-year-old engineer rapidly climbing the corporate ladder want to chuck it all and go back to school?

Sometimes Jerry Hahn of Wardensville, now a first-year medical student, asked himself that very question.

"As an engineer, I'd see people when they had money in their pockets and they wanted to build something, and they were happy," he said. "As a doctor, the people coming in are going to be grumpy and sick. I kept trying to talk myself out of it, but I just couldn't do it."

Like so many high school students, Hahn had wanted to be a doctor, but he took a counselor's advice and went the electrical engineering route. "When I graduated in engineering, I said I could always go back to medical school," he said. "In the meantime, I had gained a wife and two kids,
(continued on next page)



Dr. James D. Fix, chairman of the Anatomy Department, explains model of a brain to first-year medical student Jerry Hahn.

which ties you down. Then I was making money rather than spending it, which was a new experience." (As it was, he had just paid off his last student loan when he was accepted into medical school.)

His motives came in for some scrutiny, too. His younger brother John is a fourth-year MU medical student. "I always had to wonder if I was just doing it because of him."

So Hahn set a test for himself -- if he could stand up to the two years of night classes needed to complete requirements for entering medical school, he would make the switch. And during his year in solar energy research and his year and a half as an engineer for Doubleday and Co., he went to night classes.

For organic chemistry, that meant commuting two or three times a week to a school 130 miles away and explaining at publishing company cocktail parties that he had to leave because he had an organic chemistry final (a real conversation starter, he said).

"In the meantime, everybody told me I was crazy, and I think I am," he said. "But I have this inner drive -- I think I will be a good practitioner. I guess we'll see in about seven years."

Hahn's goal is to return to Wardensville, population 300, and

replace the family doctor who retired several years ago. He said he wants to prove young people don't have to leave their hometown for good jobs.

"They said that as an engineer I couldn't go back there and get a job, but I decided I was going to be one of the ones to stay," he said. He even commuted to a job 55 miles away to remain in the solar home he and his wife built with the help of friends.

"I plan to go right back there unless there are three other doctors sitting there and they don't want me."

Fourth-year medical student Hobart Richey saw quite a bit of the world before he began his studies. His father, a Wellsburg resident, worked most of the last 25 years in Panama for the U.S. Government. His mother, a naturalized U.S. citizen, is a native of Santiago, Chile. With his family, Richey traveled throughout the United States, Latin and South Americas, and Europe.

Inevitably, those travels influenced his perspective on health care. "I identify strong with Latin Americans so I don't like to speak of the 'Third World'," he said. "But probably the worst health care in the United States is still superior

to the medicine in some of the Latin American countries."

And inadequate medical care wasn't the only surprise he got. When his brother got tonsillitis during a European trip in the mid-1970s, his mother was able to buy penicillin without a prescription to give him injections. "But maybe they don't sell aspirin or decongestants over the counter there," he added philosophically.

Those experiences may have a bearing on his career, he said. "One thing I'm thinking of is patterned after one doctor here, Dr. John Walden. He makes his living here, then spends one or two months a year in Ecuador helping people who may have seen one outsider in their life."

In his school years -- both in Panama and in Wellsburg -- Richey was strong in sports as well as in academics. After a year at Canal Zone College, he transferred to Washington and Jefferson College in Washington, Pa., where he was captain of the varsity soccer team and vice president-treasurer of his fraternity. And, over the years, his part-time jobs have been as varied as working on a commercial tuna-fishing boat, being a draftsman for a civil engineer, and working for the Smithsonian Tropical Research In-



Fourth-year medical student Hobart Richey examines patient's ear in St. Mary's Hospital Emergency Room.

stitute. "I spent a lot of time sailing and scuba diving," he adds.

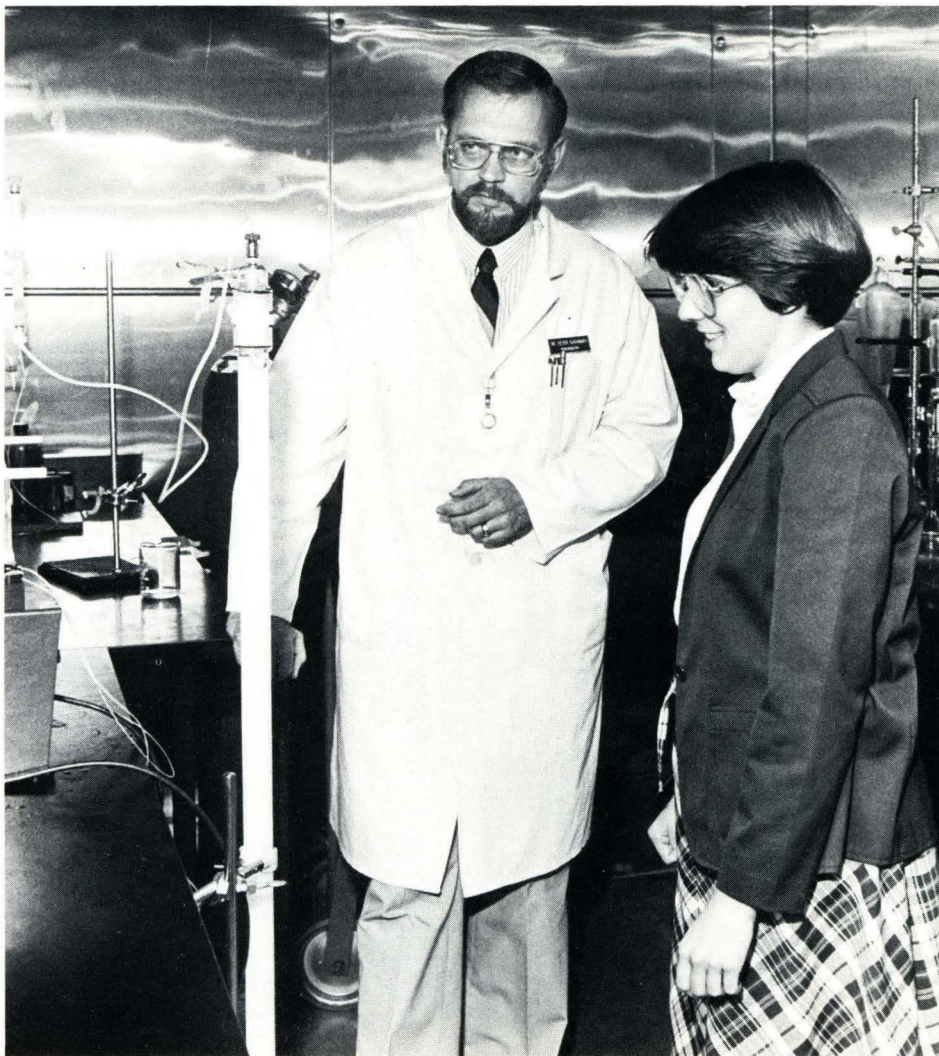
Richey said he chose the MU School of Medicine because it is small, it is in his home state, and it is less expensive than many other schools. The small size is particularly important, he believes, noting that he considers some clinical department chairmen friends of his. "That doesn't happen in schools with 150 students in a class," he said. "In those institutions they're saying, 'How do I write a letter of recommendation for this kid? I hardly even know him.'"

"I applied to a lot of schools, but, as it turns out I think I got a great education," he added. He must think so -- his younger sister Monica began classes at MU School of Medicine this fall, too.

Like Richey, Dunbar native Brenda C. Smith doesn't have her career plans graven in stone. When she graduated from the School of Medicine last spring, she took a residency at the University of Missouri. "It looked like a good program, and the school has a good reputation in internal medicine," she said. At Missouri she's getting an opportunity to put into practice the knowledge she gained at Marshall. When she finishes the residency in 1984, she said, she may look for a fellowship in nephrology, which would keep her busy for another two or four years.

"I certainly hope to come back to West Virginia to practice after all my roamings," she said. "My family is there. That's where my home has been, and I hope it will be again." Although she plans to come back, she said her out-of-state experience is important. "I think it's good that some of the graduates have gotten out to different places around the country and can bring ideas back from those areas," she said.

Williamson native Lea Ann Moricle, a second-year medical student, had wanted to be a doctor "forever", but decided to take a year off after college to work for the Jesuit Volunteer Corps, which she likens to the Peace Corps. She was placed at a home for abused women in Montana. "It interested me because I wanted to do something different that was personally difficult and different from medicine," she said. "The experience was wonderful -- I'll probably never get



Dr. Peter J. Kasvinsky, associate professor of biochemistry, shows second-year medical student Lea Ann Moricle procedure being performed in walk-in cooler of the school's new Medical Education Building.

away from it. You don't forget the people."

She attributes her career choice to her religious convictions. "Medicine is a very obvious helping occupation," Ms. Moricle said. "You can be involved with people and touch them at important times in their lives. It's really the only profession I've ever thought of where you can do that."

As a single parent, Kathleen Lucas of Morgantown faces special problems in her medical education. When she and her husband divorced in 1973, she was left with two babies, one semester of college, and major money problems.

When she found she was going to have the entire financial responsibility for her sons, Ms. Lucas enrolled at West Virginia University to pick up the threads of her educa-

tion. "At that time, I thought that being a doctor was just a pipe dream -- I'd probably never get to medical school, so I'd get something as closely related as I could."

Accordingly, she majored in medical technology, which gave her both a marketable skill and the requirements for entrance into medical school. By going to school from 8 a.m. to 1 p.m. then working from 6 p.m. to midnight as a cocktail waitress, she was able to make ends meet.

Before coming to the Marshall School of Medicine in 1980, Ms. Lucas worked for three years as chief technologist at the University Hospital in Morgantown.

In her first two years of study, she said her class hours meshed nicely

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Kathleen Lucas, a third-year student, studies X-rays at Cabell Huntington Hospital.

with her sons' school hours. Now however, she is working on a clerkship which leaves her on call every third night.

Resourceful as ever, she found her own solution -- she placed a classified ad offering free room and board to another woman in exchange for babysitting every third night, and found a woman going to business college who fit the bill.

Her toughest problem, Ms. Lucas said, is finances. "I'm not sure that's different from millions of others," she said. There are personal adjustments to make, too -- dealing with the remnants of resistance to female medical students, learning to get over the

misgivings about not spending all the time she would like with her sons, now 9 and 11.

"The kids seem to accept it pretty well," she said. "But sometimes if they're depressed or something,

Photos by Rick Hays

they have to wait until I get home to talk about it. I do special things with them, since I don't have a lot of time to spend with them. We have certain times when we sit down and talk about their problems, like girl friends. Sometimes we watch TV

shows on Saturdays and evenings and discuss them, and we go to church on Sundays."

Ms. Lucas said she feels she's "over the hump" in reaching her career goal of becoming a family practitioner or pediatrician. In June she passed part one of the national medical boards and she's now into the clinical work of the third and fourth years, which she calls more personally satisfying. On Sept. 9, during opening exercises for the med school, she was honored as the Outstanding Pathology Student for her work during the 1981-82 school year.

"I'm really on my way," she concluded.

A brief walk for Pat, a monumental leap for a university

By C.T. MITCHELL

As Pat Bonasso strode across the stage to receive his Doctor of Medicine degree, at least one observer was thinking of Neil Armstrong.

Pat Bonasso and Neil Armstrong?

When Armstrong planted his boot onto the surface of the moon, July 20, 1969, it was, in his words, "one small step for man, one giant leap for mankind."

When Bonasso marched up to get his diploma on May 9, 1981, it was, in the mind of the watcher, a very brief walk for Pat, but a monumental leap for a university.

In becoming the first man on the moon, Armstrong accomplished what most people believed could never be done.

The same could be said for Bonasso as, by alphabetical chance, he became the first graduate of the Marshall University School of Medicine.

In both cases, the moments of triumph came as the result of many years of struggle by many people, setbacks, and determination to keep trying.

Bonasso's historic moment goes back to the very early 1950s when the State of West Virginia decided to establish a four-year medical school. A three-way struggle among Charleston, Huntington and Morgantown ensued, with Governor Patten ultimately deciding in favor of Morgantown and West Virginia University as the site.

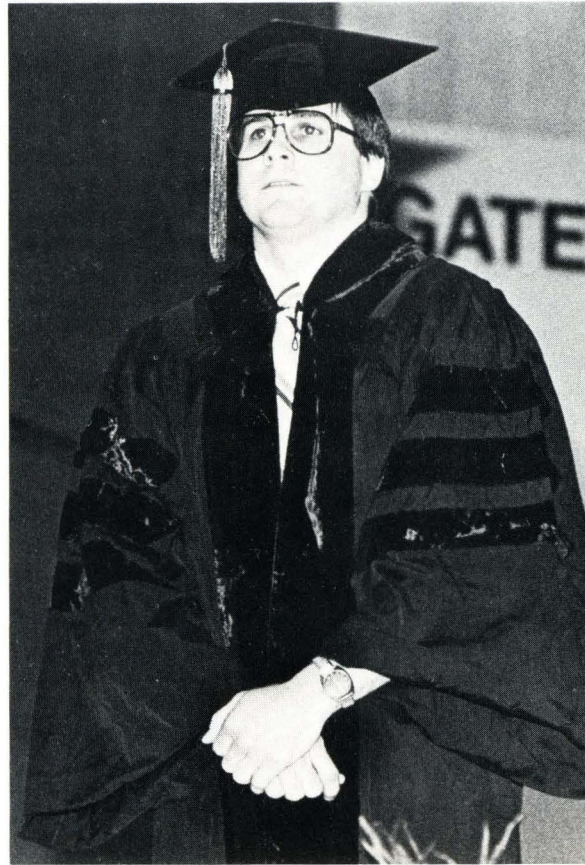
Among the leaders seeking to have the school located in Hun-

tington was a young ophthalmologist, Dr. Albert C. Esposito. To Esposito, it was a setback, not a defeat, and he was to pursue his dream of a medical school in Huntington until it became a reality a quarter of a century later.

He was not alone.

As the leading torch-bearer, Esposito has been the recipient of a rare "double" -- an honorary doctorate from Marshall University and a distinguished service award from the Marshall Alumni Association.

He earned it, traveling far and wide at his own expense to plug for a Marshall medical school. He went so far as to give up much of his thriving medical practice to run for -- and win -- a seat in the State Legislature, in order to press for the establishment of a Marshall medical school. That's dedication.



Pat Bonasso waits in procession to become first graduate of the Marshall School of Medicine.

At the same time, others remained involved, or got caught up in the dream somewhere along the way. Their roles were many and varied -- and essential. It took a wide range of talents, massive efforts, the right timing -- and luck -- to put Neil Armstrong on the moon. The same ingredients were necessary to bring all the pieces together in order to place a Marshall School of Medicine diploma in Pat Bonasso's hands.

To attempt to list all those who played significant parts in the medical school story would be an exercise in futility -- and stupidity. Somebody important always gets left off such lists.

But, if there were one, it would include:

-- A pair of powerful U.S. Senators who got the necessary
(continued on next page)

legislation passed to enable Marshall and the Veterans Administration to become medical school "partners" -- one of whom entered the fray repeatedly and enthusiastically to help overcome various major problems.

-- A feisty governor who threw his considerable political weight behind Esposito's dream -- and called in a lot of his political chips to make it a reality.

-- Leaders of organized labor and veterans organizations who added their powerful support.

-- Corporate leaders, who came up with thousands of desperately-needed dollars at pivotal moments.

-- Local political figures, who produced more needed cash along with their votes and influence.

-- A member of the Board of Regents who worked quietly and effectively with a governor of the opposite political faith to get the essential support of that group.

-- Area physicians and hospital administrators, whose cooperation and enthusiasm were essential if the concept of a medical school using community clinical facilities was to be possible.

-- An editorial writer who beat the drums for a Marshall medical school day after day, year after year, when others had written off the idea.

-- A Marshall president eager to take charge and fight for a medical school, rather than follow the lead of others.

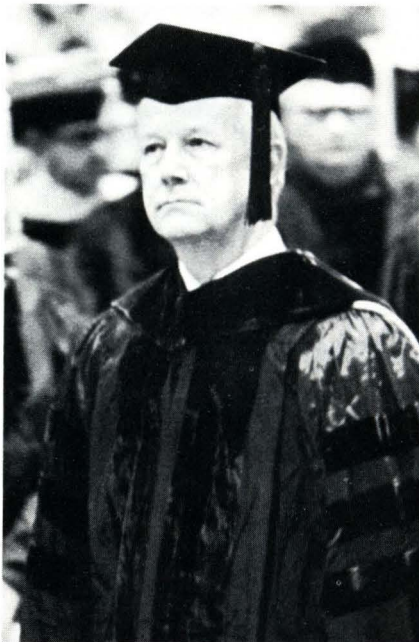
-- A dean who could make it happen.

The "modern history" of the medical school begins just over a decade ago when Gov. Arch A. Moore Jr. announced during his State address to the 1972 Legislature that he was "directing the Board of Regents to undertake building the necessary foundation for the establishment of a medical school at Marshall University."

The same year, in October, the Veterans Administration Medical School Assistance and Health Training Act was signed into federal law. It was "tailored" for Marshall University and the support it received from Sens. Jennings Randolph and Robert C. Byrd was not incidental. The legislation authorized establishment of up to eight medical schools at state-supported institutions in conjunction with existing



Dr. Robert W. Coon, dean of the MU School of Medicine, places hood on Dr. Albert C. Esposito during presentation of an honorary degree at ceremonies Jan. 10, 1978, marking the opening of the medical school.



In 1972, then Gov. Arch A. Moore Jr. directed the Board of Regents to "undertake building the necessary foundation for the establishment of a medical school at Marshall University." Here he is shown in procession at school's 1978 opening ceremonies.

VA hospitals.

The stage was set -- apparently.

From the outside, Marshall's prospects looked good. Apply to the VA to become the site for one of the new medical schools, get approval, receive funding, and go from there.

From an "insider's" view, things didn't seem quite so rosy. There was no air of excitement or enthusiasm. In Feb., 1973, a committee was appointed to study the feasibility of establishing a medical school. Ten months later, in December, the Board of Regents authorized Marshall to apply to the VA for funding as a medical site under the 1972 legislation and Marshall set up a "task force" under Dr. Charles D. Corman to develop a medical school program.

Corman, who was associate dean of the College of Arts and Sciences,

had no obvious credentials in the field of medical school development, but the effort he headed was successful when in June, 1974, the VA selected Marshall as one of five sites for new medical schools.

At that point, in July, 1974, Robert B. Hayes became Marshall's president, and the pace quickened. It was immediately obvious he wanted Marshall to have a medical school.

By September, Hayes had appointed Robert C. Parlett as the medical school's dean. No longer was it a matter of having a single administrator and a secretary trying to develop a medical school with a \$6,000 budget.

In August, with some encouragement from Gov. Moore, the Board of Regents had adopted a resolution re-emphasizing support for the Mar-

shall medical school effort. A few months later, following the session of the 1975 Legislature, Moore signed the first appropriations bill providing state funds for the School of Medicine.

There were difficult days ahead, however.

The Liaison Committee on Medical Education (LCME), a creature of the Association of American Medical Colleges and the American Medical Association, had to provide a "letter of reasonable assurance of accreditation" for the fledgling school before federal funds could be provided.

For some reason, and there's still speculation about that, the LCME proved difficult. Repeated applications for the letter and site inspections by LCME teams resulted only in repeated rejections. It became a vicious circle. Without the federal funds, the LCME demands could not be met. Without the LCME approval, the federal funds could not be released.

Local authorities and friends in high places came to the rescue. The City of Huntington and the Cabell County Commission each chipped in \$50,000. The Frank E. Gannett Newspaper Foundation provided another \$50,000. Governor Moore obtained \$150,000 through the Appalachian Regional Commission and added another \$50,000 in discretionary funds available to his office.

The money problem was solved, at least temporarily.

There was another problem. Hayes and Parlett were not getting along. The polite term is "philosophical differences". The polite term is not strong enough.

The mercurial Parlett, former associate dean of the Southern Illinois University medical school, differed markedly in style and temperament from the tightly-controlled Hayes.

Their disagreements increased in number and intensity, but Parlett had an ace in the hole. He could always threaten to resign -- an action which would set back the efforts to get the medical school going, perhaps even scuttle them.

Apparently he played the ace too often. One January day in 1976, Hayes announced he had accepted Parlett's verbal resignation, effective immediately. Another university official was quoted by the

Associated Press as saying, "It was a case of quitting just once too often."

Not so, said Parlett. He said the first he knew of his resignation was when Hayes announced it.

There were cries of alarm. Parlett had made some friends, as well as some enemies, during his 16 months in Huntington and even neutral observers were distressed that the medical school efforts might be damaged.

Hayes, earlier described as a "riverboat gambler" in a *Marshall Alumnus* magazine article, had a couple of aces of his own. One was Dr. Robert W. Coon, vice chancellor for health education on the staff of the West Virginia Board of Regents. The other was Chancellor Ben Morton, who approved Hayes' request to appoint Coon as acting dean and, later, dean of the medical school.

Coon's low-key style was markedly different from that of Parlett. One not-too-well-informed administrator, impressed by Coon's manner, remarked, "I need a family doctor. How about signing on with you?"

"Sure," Coon grinned. "Every family needs a family pathologist . . ."

(continued on next page)



Robert C. Parlett, first dean of the MU School of Medicine, served from September, 1974, to January, 1976.



MU President Robert B. Hayes and Dr. Robert W. Coon meet the press after Hayes announced Coon's appointment as dean of the medical school in July, 1976. Coon served as acting dean after Parlett's resignation.

Quietly, effectively, Coon took charge and the controversy began to diminish. Within a month, for whatever reason, Marshall had received the long-sought letter of reasonable assurance of accreditation and the controversy was dead.

The medical school was very much alive but, naturally, there were many things still to be accomplished. One major need was a building.

It was an awkward situation. The school had been authorized on the promise that the state would not be required to spend millions of dollars to construct a building, that ultimately the federal government would finance a basic sciences building. But the accrediting body pointed out, correctly, that some facilities were needed immediately.

The answer lay a block from the Marshall campus. Doctors' Memorial Hospital, operated for many years as the C & O Railway Employees Association Hospital, was having problems.

Earlier, the Railroad Employees Association had gotten out of the hospital business, turning its hospitals, including the one in Huntington and another in Clifton Forge, Va., over to Clifton Forge-Huntington Hospitals, Inc., a quasi-private organization. Railroad employees were provided with

general medical coverage and were not required to use the former railroad hospitals, although many continued to do so.

There was an obligation to keep the hospitals operating for the benefit of members of the C & O Railway Employees Association, however. But business at the hospital was not good and it was losing money.

About that time Hayes and William C. Campbell, chairman of the Marshall Advisory Board, stopped for a chat in a university parking lot following a meeting of the board. Hayes asked Campbell's advice on how to approach the Clifton Forge-Huntington Hospitals, Inc., board about the possibility of obtaining the building for the medical school.

Enter Pat McDonald, Campbell's business partner, an enthusiastic Marshall alumnus and a member of the hospital organization's board of directors. Serving as an intermediary, McDonald was able to obtain the building, appraised at \$6 million, for the Marshall medical school, while at the same time preserving medical care benefits for the Railway Employees Association members. It was a good deal for all concerned.

But, another "but". More than a half-million dollars had to be

obligated. Hayes asked Chancellor Morton if he could come up with the money. "No way," he was told.

Time to go out on a limb again -- way out. Several Marshall administrators, headed by Executive Vice President Olen Jones, formed a private, non-profit corporation, Family Care Outpatient Center, Inc. (FCOC), and took on the financial obligation, hoping to meet it through a fund-raising campaign and revenues generated by the FCOC outpatient services operation.

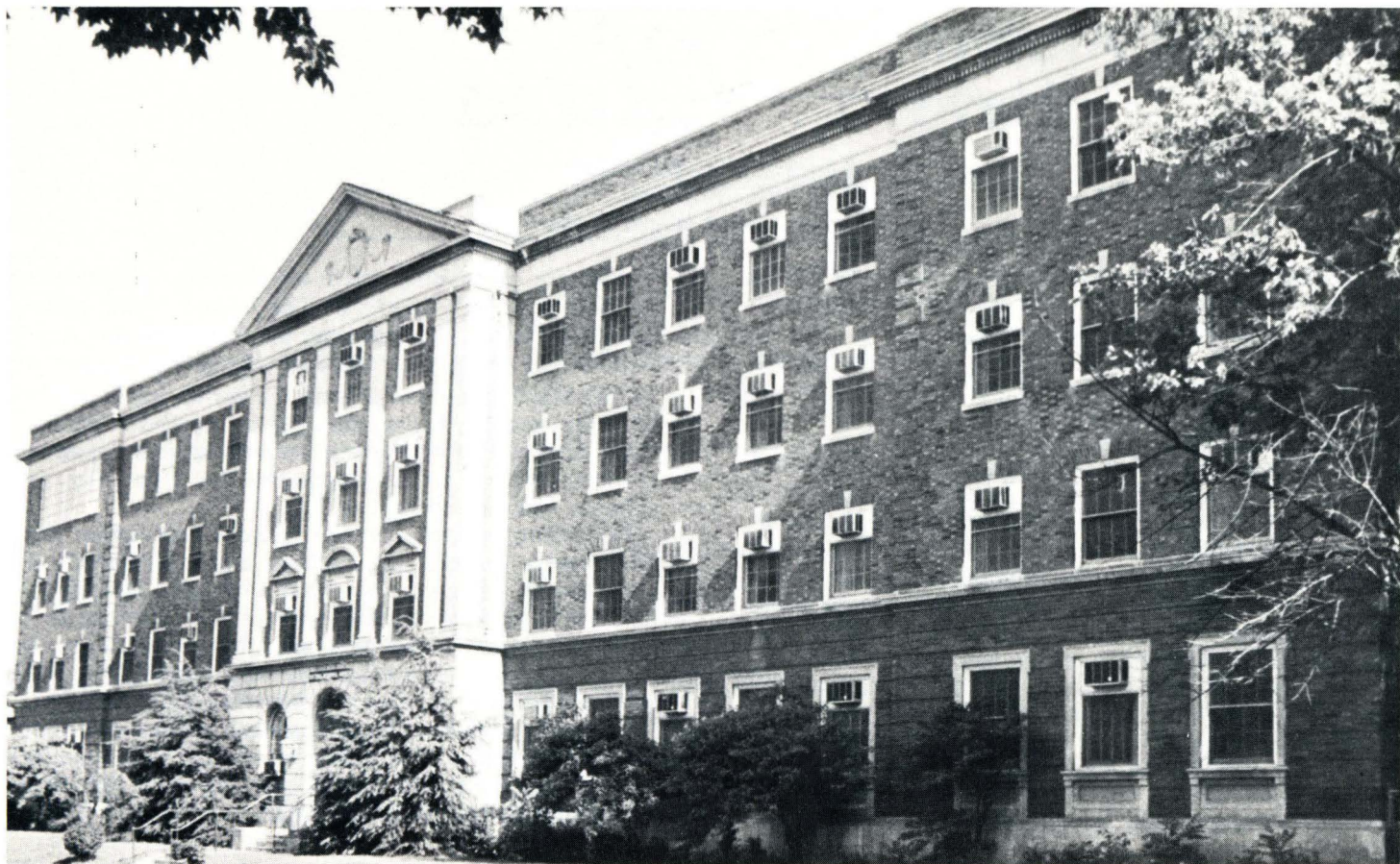
Later, the Board of Regents was able to purchase the building from FCOC for Marshall and much of that money was put into renovating the old hospital for use as a medical school. FCOC was rented space in the building and continues to be a vital clinical affiliate of the medical school, administered by Coon's executive assistant, John Zink.

That turned out to be the last of the major hurdles. By July, 1977, the LCME had granted "conditional provisional accreditation". Three months later, the accrediting group awarded provisional accreditation and gave the go-ahead to enroll the first class in Jan., 1978.

Ordinarily, January is not the time to start a school year. But, there's little of the ordinary about the Marshall School of Medicine.



In March, 1976, VA administrator Richard L. Roudebush presented a letter of transmittal for VA funding to the med school for a seven-year period. Shown left to right are: Dr. John D. Chase, chief medical director of the VA, Roudebush, Sen. Jennings Randolph, Dr. Robert B. Hayes, Rep. Ken Hechler, and Sen. Robert C. Byrd.



Doctors' Memorial Building houses John Marshall Medical Services, Inc. (formerly the Family Care Outpatient Center, Inc.), a vital clinical affiliate of the medical school.

The first 24 students were notified of their acceptance and told to report for classes on Jan. 3 -- and be prepared to work through the summer.

Three years and four months later, Pat Bonasso led his classmates across the stage to receive Marshall University's first Doctor of Medicine degrees.

It was a special group of students in many ways. They were pioneers. They had been few in number and they had received close, personal attention from a dedicated, pioneering faculty. They had shared a unique experience and they were more than classmates -- they were comrades.

Today, autumn, 1982 -- the School of Medicine is well on the way to fulfilling its promise. The once-reluctant LCME appears to be impressed, recently granting a four-year extension to the full accreditation granted in 1981. Coon had expected only a three-year extension. And, the LCME approved increas-

ing the entering class size from 36 to 48 students this fall. More good news.

Now there are 158 students enrolled in four classes; 96 percent are from West Virginia and the others from nearby areas of Kentucky and Ohio; 68 percent are from Southern West Virginia.

There are 81 full-time faculty members and 108 support personnel. Significantly, 239 physicians in the region have volunteered to serve as unpaid teachers.

Continuing education programs are being provided for doctors in the region. Residencies have been established and graduates of other schools are coming to Marshall -- and West Virginia -- to receive their post-graduate training. Many will remain to help serve the medical care needs of West Virginians.

The school, its faculty and students are involved in medical care outreach programs extending into many areas of the state. Important medical research is being con-

ducted and more than \$4 million in research funding is being provided by private and federal sources.

Another milestone was reached Sept. 10 when the \$9.3 million Medical Education Building was dedicated at the Huntington Veterans Administration Medical Center.

The list goes on.

Recently, Hayes was asked to pick out the most significant accomplishment of his eight years as president -- a period which has seen an impressive list of achievements under the "Decade of Progress" umbrella.

"There is no question," he said. "The School of Medicine is by far the most important thing that has happened here in terms of service to the people of the state and in significance to the university. We were able to accomplish in four years a difficult task -- establishment of a new medical school -- that normally requires 10 years.

"A lot of us are extremely proud of that."

Marshall Alumni Have. . . Class

By DENISE WELKER
Vice President
Alumni Association Board of Directors

Marshall alumni have a lot of class. And now we have a chance to prove it during the 1982-83 Alumni Association Active Membership Campaign.

From Nov. 1, 1982, to Nov. 1, 1983, the Alumni Association is mounting its biggest-ever membership drive. It's more than our usual plea for your support. It's also a chance to enjoy some friendly competition.

The Alumni Association challenges graduates from 1932 through 1982 and members of the Honor Guard (pre-1932) to a contest. Representatives from each class will be contacting their fellow graduates to urge them to join the Alumni Association during the coming year. At the end of the campaign, the graduating classes with the most active members, largest percentage of class members who are active, and most membership money will be the winners.

Members of the winning classes will receive prizes and be recognized in a special section of the *Greenline* newsletter. In addition, the names of **all** active members will be listed for the first time ever in the *Greenline* special section.

Even if your class is not one of the winners, you'll find membership worthwhile. As in the past, active membership entitles you to all issues of *Greenline* and *Marshall Alumnus*, privileges at the James E. Morrow Library, nominating and voting privileges for the Alumni Association Board of Directors, discounts through three major car rental companies, discounts at the Campus Bookstore and at Association receptions during Homecoming and Alumni Weekend, and special rates on group insurance and alumni travel.

During this campaign only, persons purchasing full-life memberships will receive a copy of the \$50 Limited Edition of Dr. Charles H. Moffat's book, *Marshall University: An Institution Comes of Age*.

Why are we making active membership so attractive? We need you more than ever! The Alumni Association is funded primarily through dues generated by the Active Membership Program. Although there are more than 30,000 Marshall alumni around the world, less than 10% of us are currently active, dues-paying members. Membership has decreased at a time when we need more money to finance projects to help improve the University and enhance Marshall's image.

For example, each year the Alumni Association gives scholarships to deserving students and helps recruit top high school graduates to attend Marshall. Membership dues cover costs of receptions where classmates gather in Huntington and in chapters around the country. They also help pay the ever-increasing costs of communicating with alumni through *Greenline* and *Marshall Alumnus*.

Especially important is the Association's new committee for public affairs. This group of alumni representatives throughout West Virginia is working with the State Legislature to help Marshall obtain funding and support we need for such programs as the School of Medicine.

Your annual membership dues of \$15 individual or \$25 couple make all these things possible. When you become a life member (\$200 individual, \$300 couple), you help the Alumni Association even more.

Representatives from your graduating classes will be contacting you during the next year to urge you to join the Alumni Association.

Don't wait for their call. Fill out the membership coupon (below) and send it with your check today. It's a good way for Marshall alumni to show just how much class we have!

_____ Annual - Individual, \$10; _____ Annual - Couple, \$15; _____ Life - Individual, \$200; _____ Life - Couple, \$300
_____ Installment - Individual, \$50 per year next 5 years; _____ Installment - Couple \$75 per year next 5 years

Date _____

Name _____ Class year _____ MU Friend _____ Office Use _____

_____ Class year _____ MU Friend _____ REC _____
(Husband or wife's maiden name)

Address _____ Telephone _____ AMT _____
Street Apt. No.

_____ SC _____
City State Zip

LED _____

Employer (husband) _____ Title of Position _____ PM _____

Employer (wife) _____ Title of Position _____ TL _____

Please complete and return with your check to: The Alumni Association, Marshall University, Huntington, West Virginia 25701. (303-696-3134)

Class Representatives

Names of all class representatives were not available at press time. If your class is not listed and you'd like to help with the 1982-83 Membership Campaign, write or call the Alumni Office (304) 696-3134.

Honor Guard

Lady Lou Jenkins
326 7th Ave. W.
Huntington, WV 25701

1932

Charles W. Peoples
655 Whitaker Square E. 302
Huntington, WV 25701

1933

Max Burns
918 7th St. #2
Huntington, WV 25701

1934

Kaye Trippy
1114 12th Ave.
Huntington, WV 25701

1935

Ruth Derbyshire
2823 Collis Ave.
Huntington, WV 25702

Helen Wellman
531 Adams Ave.
Huntington, WV 25704

1936

Emmajean Allred
3078 Wallace Circle
Huntington, WV 25705

1938

Herb Royer
1515 Enslow Blvd.
Huntington, WV 25701

1939

W. Don Morris
1312 Neel St.
Huntington, WV 25701

1942

Dr. and Mrs. Roy Edwards
25 Parkway Dr.
Huntington, WV 25705

1943

Dr. Sam E. Clagg
5614 Taylor Rd.
Huntington, WV 25705

1946

Thomas B. Orr
295 Riverdrive
Logan, WV 25601

1947

John C. McEldowney
565 N. Inwood Dr.
Huntington, WV 25701

1949

Dr. James E. Phipps
2008 Wiltshire Blvd.
Huntington, WV 25701

1950

O. Keith Taylor
P.O. Box 247
Ceredo, WV 25507

1952

Robert D. Carpenter
312 10th Ave.
Huntington, WV 25701

1954

Berridge Long Copen
341 10th Ave.
Huntington, WV 25701

1955

Philip E. Cline
P.O. Box 1633
Huntington, WV 25717

1956

Robert E. Stepp
P.O. Box 2786
Huntington, WV 25727

1959

Kenneth W. Smart
1316 Mallory Court
Huntington, WV 25701

1960

George M. Curry
3162 Sumner Ave.
Huntington, WV 25705

1961

Ford A. Blair
121 Fairfax Dr.
Huntington, WV 25705

1962

John I. Hines
96 Simpson Dr.
Huntington, WV 25705

1964

Fran Allred
3071 Wallace Circle
Huntington, WV 25705

1965

Jim Farley
5652 Bayberry Dr.
Cincinnati, Ohio 45242

1967

Doug Hardman
#2 Sierra Circle
Huntington, WV 25705

1968

William A. Heaberlin
201 Seneca Rd.
Huntington, WV 25705

1970

Cindy Warren Chapman
Rt. 4, Box 42
Chesapeake, Ohio 45619

1971

Fredric "Rocky" George
2106 Kanawha Blvd.
Charleston, WV 25311

1972

William R. Ellis
2716 Washington Blvd.
Huntington, WV 25705

1974

John David Short
1545 Walker Court
Huntington, WV 25701

1975

Martha Hill Merical
302 Hunters Ridge Rd.
Charleston, WV 25314

1976

J. Sue Jordan
215 37th St.
Huntington, WV 25702

David Robinson

Rt. 1 Box 269
Barboursville, WV 25504

1978

Richard Ramell
5452 Sandhurst Lane
Cross Lanes, WV 25313

Places to see in '83

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RHINE RIVER COUNTRY JULY 4-19, 1983

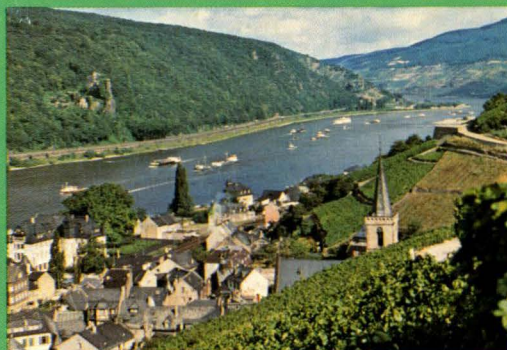
Whether you have only a week for a vacation or two, this Rhine River Country tour is for you.

The first week is reserved for touring The Netherlands and Belgium. During a second optional week, you can sightsee in Germany and Switzerland.

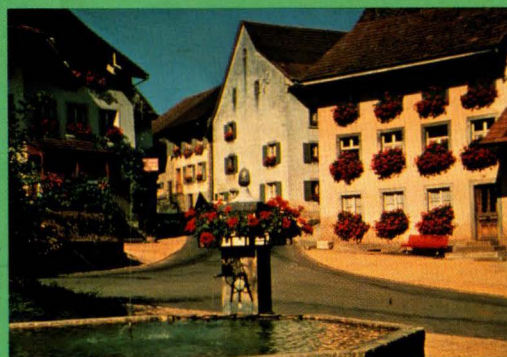
Prices for the first week, based on double occupancy, depend upon departure point —\$1,125 from Charleston, W.Va.; \$1,102 from Pittsburgh, and \$918 from New York. The second-week extension is available for an additional \$344.

Included in the package price are round-trip transfers between airports and hotels, taxes, baggage handling, an arrival party in each city, half-day city sightseeing tour of Amsterdam and a wine and cheese reception during the first week, a half-day Rhine cruise and a farewell party during the second week, and all intercity transfers.

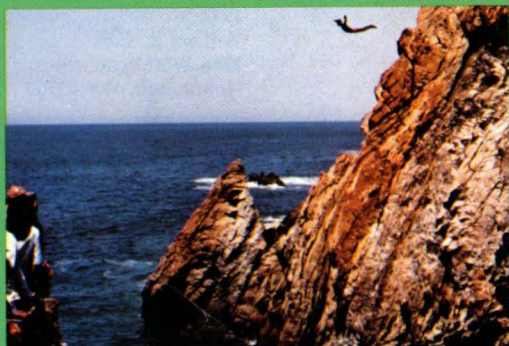
The package price is based on airline fares, hotel accommodations and ground service prices as of Sept. 1, 1982, and are subject to change.



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The cruise begins at Los Angeles and takes you to five exotic ports of call along Mexico's Pacific coast — Cabo San Lucas, Mazatlan, Acapulco, Zihuatenejo and Puerto Vallarta.

Prices range from \$1,669 to \$2,164, based on double occupancy and including round-trip transportation from Huntington.

For complete details and brochures, contact:
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Huntington, WV 25701
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Marshall University
Huntington, W.Va. 25701

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